

# MEMORANDUM



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

☒ STAR ☒ CHIP ☒ STAR+PLUS

**TO:** Valued Providers  
**FROM:** El Paso Health  
**DATE:** 03/07/2025  
**RE:** Prior Authorization Criteria for Sickle Cell Disease Therapy

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El Paso Health will require prior authorization for Sickle Cell Disease Gene Therapies Casgevy and Lyfgenia (procedure codes J3392 and J3394) for Medicaid and CHIP.

Refer to the [Outpatient Drug Services Handbook Chapter](#) Section 6.113.1 of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at [ProviderRelationsDG@elpasohealth.com](mailto:ProviderRelationsDG@elpasohealth.com).